

Enroll Your Organization

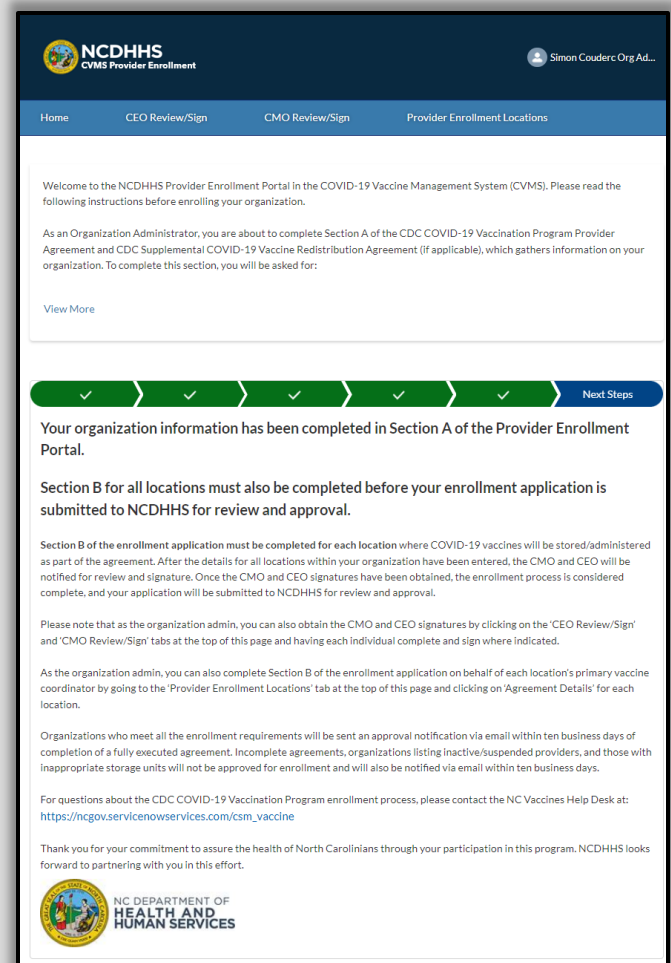
Section A Quick Start Guide



Your organization's designated Organization Administrator will begin enrolling in the COVID-19 Vaccine Program by completing **Section A** of the CDC COVID-19 Vaccination Program Provider Agreement.

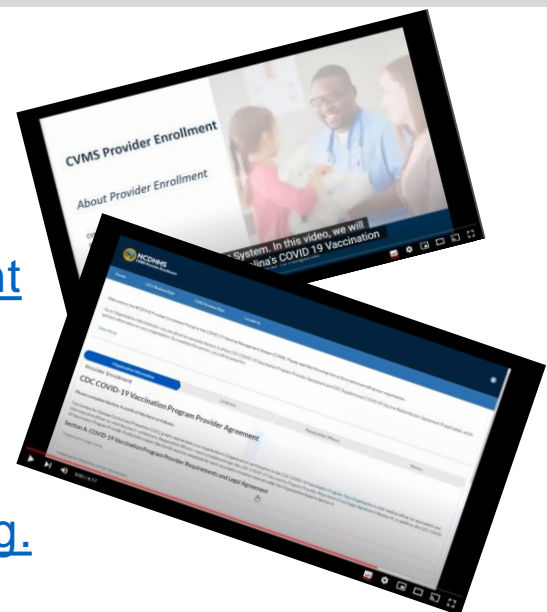
Then other users will complete one **Section B** form for each location that would receive COVID-19 vaccines.

Upon completion of the application, it will be reviewed by the State of North Carolina for approval.



Preparing for Section A

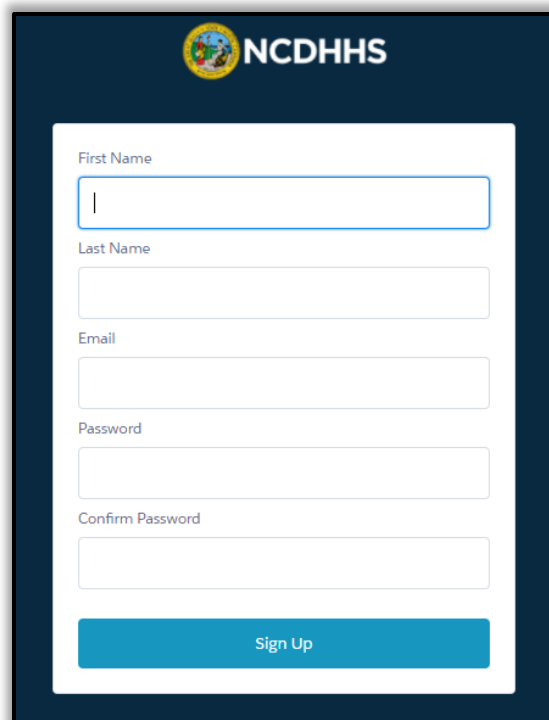
1. Check out these Learning Videos:
 - [What to know about Provider Enrollment](#)
 - [Register your User Account to get started](#)
 - [Register your Organization](#)
2. View Provider Enrollment [recorded training](#).



Section A Quick Start Guide (continued)

Create Credentials

1. Go to <https://covid-enroll.ncdhhs.gov>
2. Click Register
3. Enter the Required Information
4. Click Sign Up

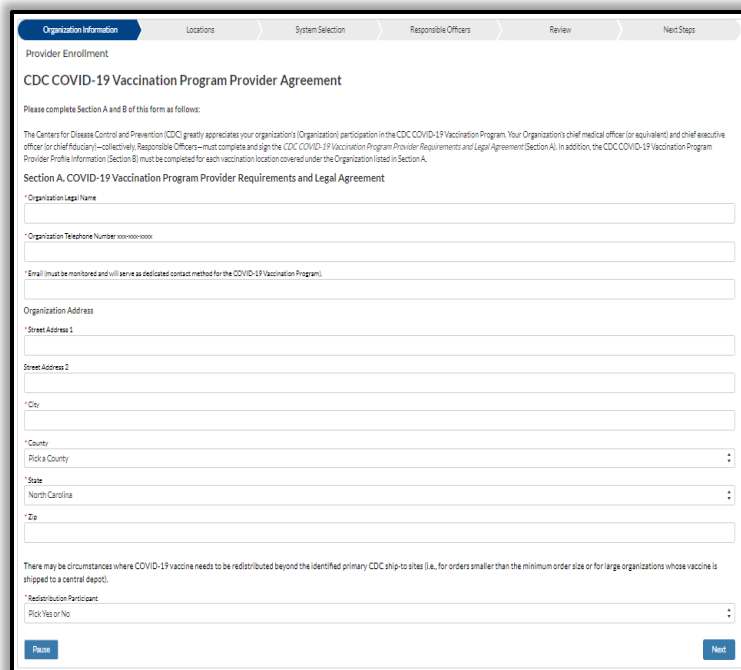


The screenshot shows the NCDHHS registration form. At the top is the NCDHHS logo. The form fields are: First Name, Last Name, Email, Password, and Confirm Password. Each field has a corresponding input box. At the bottom is a blue 'Sign Up' button.

Organization Information

The designated Organization Administrator is responsible for filling in the required fields of this section.

1. Organization Legal Name
2. Organization Phone Number
3. Email (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program)
4. Address details including County in NC
5. Redistribution Participant (Yes/No)



The screenshot shows the 'Organization Information' section of the CDC COVID-19 Vaccination Program Provider Agreement. The form includes fields for: Organization Legal Name, Organization Telephone Number, Email, Organization Address (Street Address 1, Street Address 2, City, County, State, Zip), and Redistribution Participant (Yes/No). The form is titled 'CDC COVID-19 Vaccination Program Provider Agreement' and includes a 'Please complete Section A and B of this form as follows:' instruction. The form is part of a multi-step process, with 'Organization Information' being the first step.

If set to Yes, the redistribution agreement will pre-approve all transfers of vaccine inventories between your locations.

Section A Quick Start Guide (continued)

Locations

The Organization Administrator must add all locations within your organization that will receive shipments of the COVID-19 vaccine. Each location is represented by a Vaccine Coordinator. The Vaccine Coordinator will enter location-specific details when completing Section B of the agreement.

The Organization Administrator will provide the Vaccine Coordinator's information for the following required fields:

1. Location Name
2. Primary Vaccine Coordinator First & Last Name
3. Primary Vaccine Coordinator Phone Number
4. Primary Vaccine Coordinator Email

The screenshot displays the 'Locations' tab in the Provider Enrollment system. At the top, a progress bar shows the steps: Locations (active), System Selection, Responsible Officers, Review, and Next Steps. Below the progress bar, the 'Approved Locations' section contains a table with one entry: 'We Care - Location 1' with coordinator 'OrgTest Admin' and phone '123-321-1111'. The 'Pending Locations' section is empty. A 'Deactivate Location(s)' button is present. The 'Add New Location' form is highlighted with a red border and contains the following fields: 'Location Name' (We Care - Location 2), 'Primary Coordinator First Name' (OrgTest), 'Primary Coordinator Last Name' (Admin), 'Primary Coordinator Middle Initial' (empty), 'Primary Coordinator Telephone' (123-456-7891), and 'Primary Coordinator Email' (aorgtest5489@gmail.com). Below the form is a 'Create Location' button. At the bottom of the page, there are 'Pause', 'Previous', and 'Next' buttons, with the 'Next' button also highlighted with a red border.

Location Name	Pri. Coordinator First Name	Pri. Coordinator Last Name	Pri. Coordinator Middle Init...	Pri. Coordinator Telephone	Pri. Coordinator Email
1 We Care - Location 1	OrgTest	Admin		123-321-1111	aorgtest5489@gmail.com

Add New Location

* Location Name
We Care - Location 2

* Primary Coordinator First Name
OrgTest

* Primary Coordinator Last Name
Admin

Primary Coordinator Middle Initial

* Primary Coordinator Telephone (xxx-xxx-xxxx)
123-456-7891

* Primary Coordinator Email
aorgtest5489@gmail.com

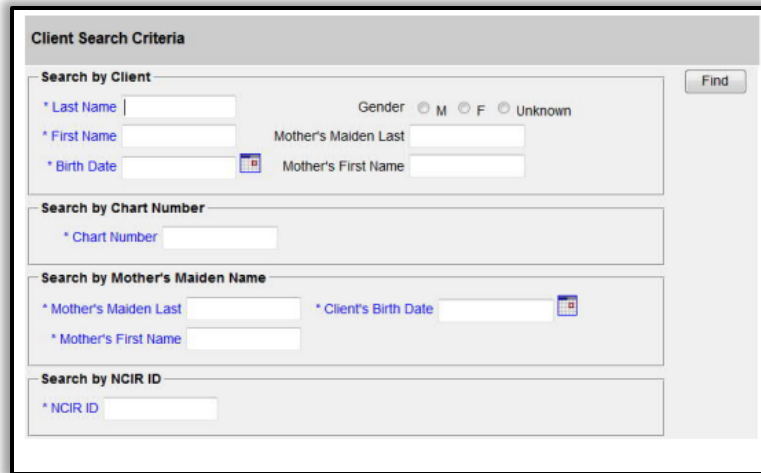
Create Location

Pause Previous **Next**

Section A Quick Start Guide (continued)

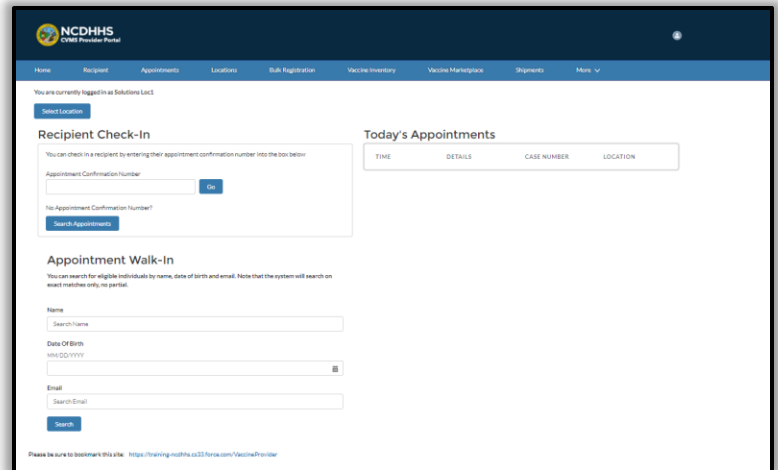
Select a Reporting System (NCIR or CVMS)

The Organization Administrator will select whether their organization will use CVMS or NCIR to report their COVID-19 Vaccinations to NCDHHS.

The screenshot shows the 'Client Search Criteria' form in the NCIR system. It has four main search sections: 'Search by Client' with fields for Last Name, First Name, Birth Date, Gender (M, F, Unknown), Mother's Maiden Last, and Mother's First Name; 'Search by Chart Number' with a Chart Number field; 'Search by Mother's Maiden Name' with Mother's Maiden Last, Mother's First Name, and Client's Birth Date fields; and 'Search by NCIR ID' with an NCIR ID field. A 'Find' button is located at the top right of the first section.

NCIR

NCIR (North Carolina Immunization Registry) is a legacy system that has been used for 10 years now. It is possible that many of you will already be familiar with how to use NCIR and will feel very comfortable using it as a “one-stop shop” for all vaccinations, especially for pediatricians who will need to log an entire series of childhood vaccinations.

The screenshot shows the NCDHHS COVID-19 Vaccine Portal. The top navigation bar includes links for Home, Recipient, Appointments, Locations, Bulk Registration, Vaccine Inventory, Vaccine Management, Reports, and Help. The main content area has a 'Select Location' button and a 'Recipient Check-In' section with a text input for 'Appointment Confirmation Number' and a 'Go' button. Below this is an 'Appointment Walk-In' section with fields for Name, Date of Birth, and Email, each with a search icon, and a 'Search' button. A 'Today's Appointments' table with columns for TIME, DETAILS, CASE NUMBER, and LOCATION is also visible.

CVMS

For organizations with providers that are primarily dealing with COVID-19 vaccinations, though, **CVMS** (COVID-19 Vaccine Management System) will likely be the best choice. CVMS has an intuitive graphical user interface. It also includes unique features such as:

- Appointment Self-Scheduling by the general public
- Access to reports
- Print or email to recipients their COVID-19 Vaccination Information PDF

In addition, CVMS is updated on a routine basis to incorporate changes to the COVID-19 Vaccination Program.

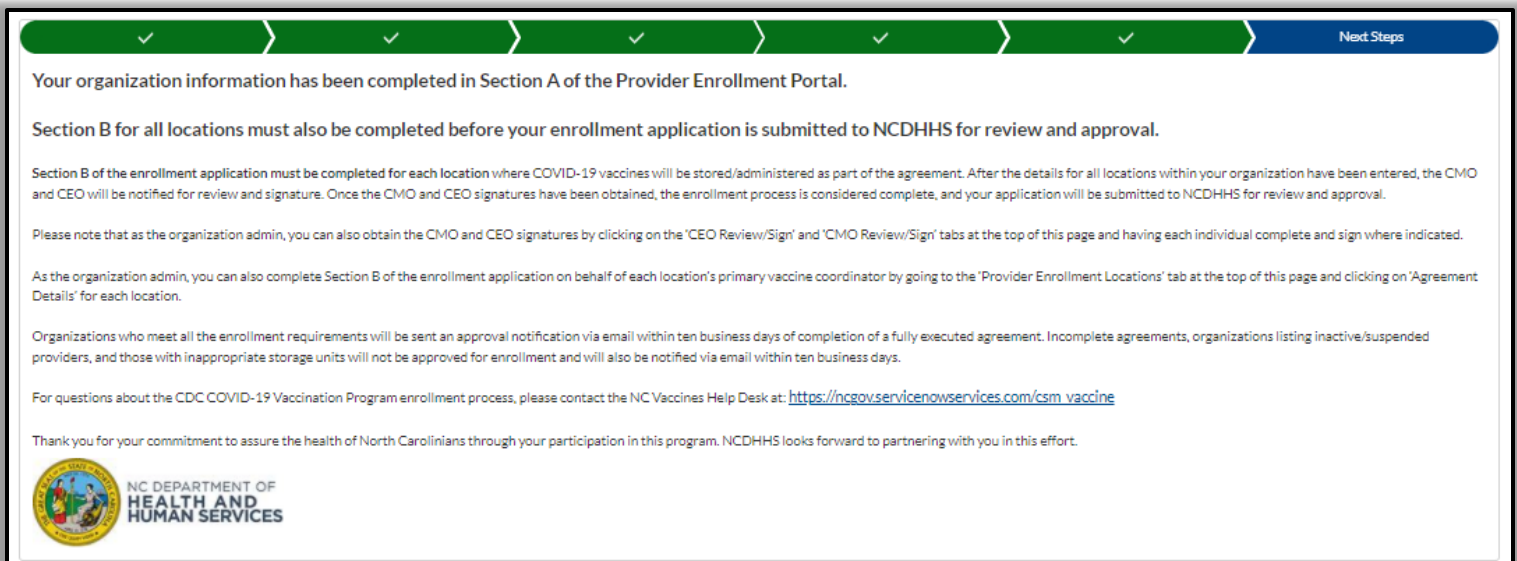
Section A Quick Start Guide (continued)

Add Responsible Officers Information

The last step in section A will be to add the Chief Executive Officer (CEO) and the Chief Medical Officer (CMO) information:

1. Names
2. Title
3. Licensure Number
4. Contact details

The CEO and CMO will review and electronically sign the final agreement once Section(s) B is completed.



The screenshot displays a progress bar at the top with five green checkmarks and a blue 'Next Steps' button. The main content area contains the following text:

Your organization information has been completed in Section A of the Provider Enrollment Portal.

Section B for all locations must also be completed before your enrollment application is submitted to NCDHHS for review and approval.

Section B of the enrollment application must be completed for each location where COVID-19 vaccines will be stored/administered as part of the agreement. After the details for all locations within your organization have been entered, the CMO and CEO will be notified for review and signature. Once the CMO and CEO signatures have been obtained, the enrollment process is considered complete, and your application will be submitted to NCDHHS for review and approval.

Please note that as the organization admin, you can also obtain the CMO and CEO signatures by clicking on the 'CEO Review/Sign' and 'CMO Review/Sign' tabs at the top of this page and having each individual complete and sign where indicated.

As the organization admin, you can also complete Section B of the enrollment application on behalf of each location's primary vaccine coordinator by going to the 'Provider Enrollment Locations' tab at the top of this page and clicking on 'Agreement Details' for each location.

Organizations who meet all the enrollment requirements will be sent an approval notification via email within ten business days of completion of a fully executed agreement. Incomplete agreements, organizations listing inactive/suspended providers, and those with inappropriate storage units will not be approved for enrollment and will also be notified via email within ten business days.

For questions about the CDC COVID-19 Vaccination Program enrollment process, please contact the NC Vaccines Help Desk at: https://ncgovservicesnowservices.com/csm_vaccine

Thank you for your commitment to assure the health of North Carolinians through your participation in this program. NCDHHS looks forward to partnering with you in this effort.

The NC Department of Health and Human Services logo is located in the bottom left corner.

Once Section A is over, emails are sent to the Vaccine Coordinator(s), CEO, and CMO inviting them to register in the Provider Enrollment Portal.

Enroll Each of Your Locations

Section B Quick Start Guide



Your location's designated Vaccine Coordinator(s) must complete **Section B** of the Agreement. This section gathers specific information on the location where COVID-19 vaccines would be shipped and stored, prior to being administered.

If your organization includes multiple locations, this section B must be completed by each Vaccine Coordinator assigned to each location.

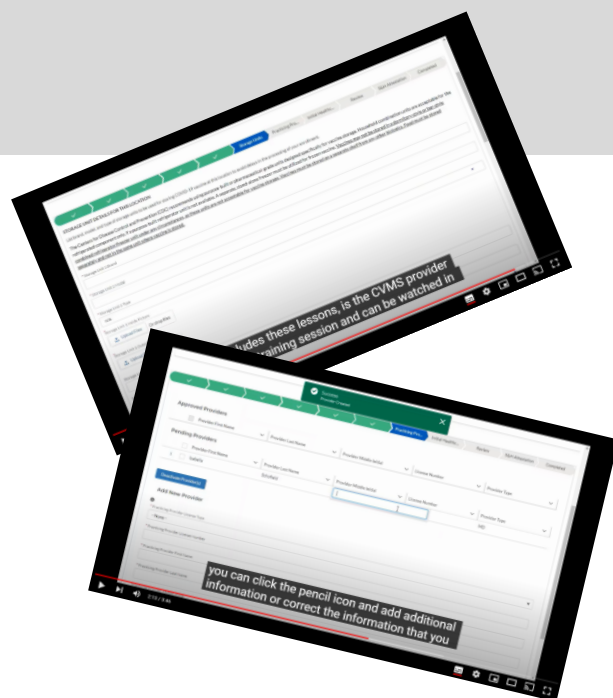
A screenshot of the NCDHHS login and registration portal. The header shows the NCDHHS logo and name. Below it, a message says "Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)". There are two input fields: "Username" with a person icon and "Password" with a lock icon. A blue "Log in" button is below the fields. At the bottom, there are links for "Forgot your password?" and "Register".

Username is the email address shared by the Organization Administrator earlier

Preparing for Section B

1. Check out these Learning Videos:

- [Register your Storage Units](#)
- [Register your Practicing Providers](#)
- [Review and sign the Storage and Handling Attestation](#)



Section B Quick Start Guide (continued)

Location Identification

1. Location Name
2. Street Address
3. City
4. County
5. State
6. Zip Code
7. Phone Number
8. Administration Location Same as Shipping?
9. Will another Organization location order COVID-19 vaccine for this site.

Location Inform... Vaccine Coordin... Availability Provider Type/S... Population Serv... Storage Units Practicing Prov... Initial User Review SGA Attestation Completed

Section B. CDC COVID-19 Vaccination Program Provider Profile Information

ORGANIZATION ADDRESS FOR RECEIPT OF COVID-19 VACCINE SHIPMENTS

* Location Name
We Care - Location 2

* Street Address 1
321 Main St

Street Address 2

* City
Raleigh

* County
Wake

* State
North Carolina

* Zip
27601

* Phone xxx-xxx-xxxx
111-222-3333

Fax xxx-xxx-xxxx

* Administration Location Same as Shipping
Yes

Additional Location

* Will another Organization location order COVID-19 vaccine for this site?
No

Previous Next

Vaccine Coordinators Information

1. Primary Vaccine Coordinator Name, Phone Number and Email
2. Backup Vaccine Coordinator Name, Phone Number and Email

The Backup Vaccine Coordinator receives copies of COVID-19 vaccine shipment information.

Availability

1. Enter days and times the location is available for receipt of COVID-19 vaccine shipments

Share Provider Type and Capacity to receive Patients

1. Select Provider Type
2. Setting(s) where this location will administer COVID-19 vaccine
3. Approximate number of patients/clients routinely served by this location per age group, on average and for influenza vaccination campaigns

Share Typical Populations Served and Storage Capacity

1. Population(s) served by this location
2. Does your organization currently report vaccine administration data to the state, local, or territorial immunization information system (IIS)?
3. Estimated number of 10-dose multidose vials (mdvs) your location is able to store during peak vaccination periods (e.g., during back-to-school or influenza vaccine season) at the following temperatures.

The screenshot shows a web form titled 'STORAGE UNIT DETAILS FOR THIS LOCATION'. It includes a list of instructions from the CDC regarding vaccine storage. The form has several input fields: 'Storage Unit 1 Brand' (with 'AccuCold' entered), 'Storage Unit 1 Model' (with '1111111' entered), and 'Storage Unit 1 Type' (with 'Stand-alone pharmaceutical freezer' entered). There are also two sections for uploading pictures: 'Storage Unit 1 Inside Picture' and 'Storage Unit 1 Outside Picture'. Each section has an 'Upload Files' button and an 'Or drop files' link. Below each picture section, there is a small thumbnail image of a refrigerator, a label (e.g., 'Fridge In', 'New Fridge out'), and a 'Remove' button.

Share details about your storage Units (Up to 5)

For each unit,

1. Share brand, model, unit type
2. Upload a picture of the inside of the actual unit, and a picture of the outside of the actual unit

Section B Quick Start Guide (continued)

The screenshot shows the 'Practicing' step of the provider enrollment process. It includes a progress bar with steps: Home, CEO Review/Sign, CMO Review/Sign, and Practicing (current). Below the progress bar, there are sections for 'Approved Providers' and 'Pending Providers'. The 'Approved Providers' section shows a table with columns for Provider First Name, Last Name, Middle Name, License Number, and Provider Type. One provider, Sam Smith, is listed with license number 12424324 and MD type. The 'Pending Providers' section is empty. Below these sections is a 'Deactivate Provider(s)' button. The 'Add New Provider' section has a dropdown for 'Practicing Provider License Type' (MD), a text field for 'Practicing Provider License Number', and text fields for 'Practicing Provider First Name', 'Practicing Provider Last Name', and 'Practicing Provider Middle Initial'. There are 'Create Provider', 'Previous', and 'Next' buttons at the bottom.

Declare Licensed Practicing Providers

Declare all licensed personnel that will administer or supervise administration of COVID-19 vaccines.

1. For each Practicing Provider, share the license type and number, and exact name as it appears on their license.

Declare your Initial User on CVMS or NCIR

Identify an employee to be your site's first system administrator user. This employee will be responsible for creating user accounts for all other users at the location.

Share:

1. Initial user's name
2. NCID Username
3. Email address

All employees who require system access must have an NCID username. If an employee does not already have an NCID username, they can register for one here:

<https://ncid.nc.gov/>

The screenshot shows the 'Initial User' step of the provider enrollment process. It includes a progress bar with steps: Home, CEO Review/Sign, CMO Review/Sign, and Initial User (current). Below the progress bar, there is a section titled 'SYSTEM ADMINISTRATOR USER FOR COVID-19 REPORTING'. It contains instructions for identifying an employee to be the site's first system administrator user. Below the instructions, there are text fields for 'First Name', 'Last Name', 'NCID Username', and 'Email Address'. There are 'Previous', 'Next', and 'Finish' buttons at the bottom.

Review/Confirm


Once the Vaccine Coordinator has reviewed the agreement, they will provide their eSignature. They must click the 'Adopt and Use' button after drawing their eSignature.

Storage and Handling Attestation

Proper vaccine storage and handling practices will serve a critical role in the success of the COVID-19 vaccination response. Vaccine Coordinators must review and sign the Storage and Handling Attestation.

Section B Quick Start Guide (continued)

Section B is Complete

NCDHHS
CVMS Provider Enrollment

OrgTest Admin

HomeCEO Review/SignCMO Review/SignProvider Enrollment Locations

Welcome to the Locations page of the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your COVID-19 vaccination location.

As a Vaccine Coordinator, you are about to complete Section B (Provider Profile) of the CDC COVID-19 Vaccination Program Provider Agreement. This section gathers specific information on your location. If you serve as Vaccine Coordinator for multiple locations within your organization, you must complete this section for each respective location. To complete this section, you will be asked for:

[View More](#)

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

Completed


Finished

Your organization location has been submitted to the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Once all locations within your organization have completed their enrollment, the CMO and CEO will be notified for review and signature. Once the CMO and CEO signatures have been obtained, the enrollment process is considered complete and will be submitted to NCDHHS for review and approval.

Organizations who successfully meet all the enrollment requirements will be sent an approval notification via email within ten business days of completion of a fully executed agreement. Incomplete agreements, organizations listing inactive/suspended prescribers, and those with inappropriate storage units will not be approved for enrollment and will also be notified via email within ten business days.

For questions about the CDC COVID-19 Vaccination Program enrollment process, please contact the NC Vaccines Help Desk at https://ncgov.servicenow.com/csm_vaccine

Thank you for your commitment to assure the health of North Carolinians through your participation in this program. NCDHHS looks forward to partnering with you in this effort.

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

At this point Section B for your location has been submitted. The CEO and CMO will be notified by email.

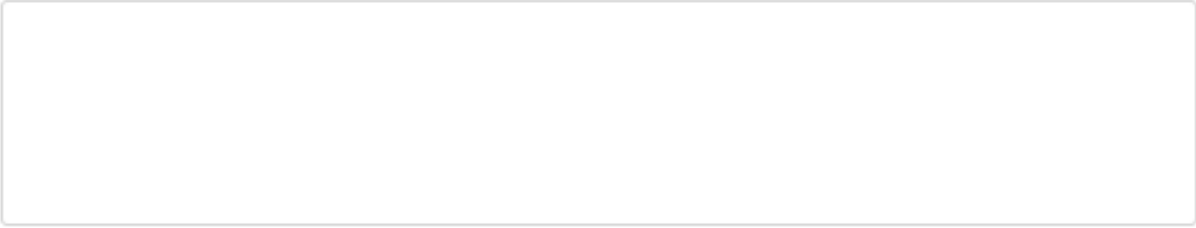
Final Step to Enroll

Complete and Sign the Agreement

Once each Section B for locations within your organization is completed, the CMO and CEO will be notified for review and signature.

Once you have reviewed the agreement, please provide your eSignature. Note, you must click the 'Adopt and Use' button after drawing your eSignature.

- Draw Your Signature Here



Adopt and Use Clear

Date
January 21, 2022

Once the CMO and CEO have signed, the enrollment agreement is submitted to NCDHHS for review and approval. Users will be notified of the next steps by email.

Additional Help

Post your questions about the enrollment process on the Help Desk Portal at https://ncgov.servicenowservices.com/csm_vaccine or call (877) 873-6247 and select option 1. The NC Vaccines Help Desk is available during the following hours:

Monday to Friday: 7 am – 7 pm ET
Saturday: 8 am – 4 pm ET